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CONFIRMATION NO. 3310

Bib Data Sheet

SERIAL NUMBER 09/468,173	FILING DATE 12/10/1999 RULE	CLASS 348	GROUP ART UNIT 2711	ATTORNEY DOCKET NO. 19880-000800
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## APPLICANTS

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 JOHN P. P. COMITO, REDWOOD CITY, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/129,598 04/15/1999  
 WHICH IS A CIP OF 09/293,535 04/15/1999  
 WHICH IS A CIP OF 09/384,394 08/27/1999  
 WHICH IS A CIP OF 09/428,066 10/27/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 02/09/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 48	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

26291

## TITLE

MULTIPLEXING STRUCTURES FOR DELIVERY OF INTERACTIVE PROGRAM GUIDE

FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## \*BIBDATASHEET\*

CONFIRMATION NO. 3310

Bib Data Sheet

SERIAL NUMBER 09/468,173	FILING DATE 12/10/1999 RULE	CLASS 725	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. 19880-000800
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/129,598-04/15/1999  
 which is a CIP of 09/293,535 04/15/1999 PAT 6,584,153  
 which is a CIP of 09/384,394 08/27/1999 PAT 6,621,870  
 which is a CIP of 09/428,066 10/27/1999 PAT 6,651,252

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

(None) *HWT*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/09/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	CA	DRAWING 48	2	2
Verified and Acknowledged  Examiner's Signature	<i>HWT</i>	Initials			

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## TITLE

MULTIPLEXING STRUCTURES FOR DELIVERY OF INTERACTIVE PROGRAM GUIDE